



**STATE OF WEST VIRGINIA
DEPARTMENT OF REVENUE
ALCOHOL BEVERAGE CONTROL ADMINISTRATION
900 Pennsylvania Avenue, 4th Floor
Charleston, WV 25302**

INSTRUCTIONS FOR COMPLETING APPLICATION FOR UNLICENSED WINERY TO SELL OFF PREMISES AT A SPECIAL EVENT/SPECIAL ONE DAY EVENT

PLEASE READ ALL THE INSTRUCTIONS CAREFULLY. ALL QUESTIONS ARE TO BE ANSWERED IN FULL. APPLICANT'S ACCURACY AND THOROUGHNESS IN COMPLETING THE APPLICATION FORM WILL ASSIST THIS OFFICE IN PROCESSING THE APPLICATION AND PREVENT UNNECESSARY DELAYS.

Please find enclosed:

- 1) Application for Unlicensed Winery Special Event/One Day Event Consumption Off Premises Class B Temporary License (ABCA – 192SEOD)
- 2) Application for Transportation Permit ABCA-192 Transportation (2019).
- 3) Release of Information & Waiver of Confidentiality of Records (ABCA-Lic. RIWCR.2)

* Department of Tax Wine Tax Forms and instructions may be obtained at the following sites:

<https://tax.wv.gov/Documents/TaxForms/wne02.pdf>

<https://tax.wv.gov/Documents/TaxForms/wne02.instructions.pdf>

APPLICANTS MUST TYPE OR PRINT, IN INK, ALL ANSWERS ON FORMS

INSTRUCTIONS

All questions and/or descriptions must be answered. The application **must** be signed and notarized. If any questions/description cannot be completed in the available space on the application, please submit additional pages as needed. Each additional page submitted must include entity name, DBA name, and indicate which question applicant is answering.

Applications must be completed correctly, and all necessary paperwork included when mailed to the WVABCA. Failure to do so will result in the application being delayed and/or returned to the applicant for the necessary corrections.

LICENSE FEES – License fees **must** be paid by Certified Check, Cashier's Check or Money Order. Personal checks, business checks, or cash **will not** be accepted. Make payable to the WVABCA.

All licenses issued to an Unlicensed Winery are valid for 2 days.

*** Additionally, the unlicensed winery must obtain a WVABCA Transportation permit (\$10.00 for the first vehicle and an additional \$1.00 for each additional vehicle.**

LIVE SCAN FINGERPRINTING – All applicants must complete a Live Scan Fingerprint in order to obtain a valid license. IdentoGO by Morpho Trust will provide fingerprinting services for all WVABCA license applicants. Contact IdentoGO at 855-766-7746 or online at <http://uenroll.identogo.com> for information on fingerprinting, locations, scheduling appointments, and fee requirements.

Fingerprint result reports MUST be sent to WVABCA directly from IdentoGO (Morpho Trust).

Please contact the WVABCA Licensing Department at 304-356-5500 to obtain the proper service code for the Live Scan Fingerprinting process.

NO REPORTS WILL BE ACCEPTED DIRECTLY FROM LICENSE APPLICANTS.

The following items must accompany the application:

- A copy of the unlicensed winery's license held in its domicile state.
- A signed and notarized verification that the winery produces 50,000 gallons or less of wine per year and a copy of any production report filed in its domicile state.
- A signed and notarized verification that your winery is in good standing with its domicile state.
- Copies of the winery's federal certificate of label approval for the wines being sampled or sold in WV.
- Certified lab alcohol analysis for the wines your winery desires to temporarily provide samples and temporarily sell in sealed containers for off-premises consumption at the special event.
- A list of all wines proposed to be sampled or sold in sealed containers by your winery at a special event.

INSTRUCTIONS FOR SIGNING:

- a) If an individual, by the owner
- b) If a partnership, by each member of the partnership (Copy of Partnership Agreement to be submitted to WVABCA)
- c) If an association, by each member of the governing board
- d) If a corporation, by all officers, or by other persons specifically authorized by corporate resolution (copy of resolution must be enclosed)
- e) If a limited liability company, by all members
- f) Manager(s) must sign

MAIL COMPLETED APPLICATION, FEES, AND REQUIRED ACCOMPANYING FORMS TO:

West Virginia Alcohol Beverage Control Administration
ATTN: Licensing Division
900 Pennsylvania Avenue, 4th Floor
Charleston, WV 25302

IF YOU HAVE ANY QUESTIONS OR NEED ASSISTANCE PLEASE CALL THE ADMINISTRATION AT 1-800-642-8208 OR (304) 356-5500 AND ASK FOR THE LICENSING DIVISION.

CHECKLIST OF FORMS/PAPERS TO RETURN TO THE WVABCA, LICENSING DIVISION:

- Application Form
- Release of Information & Waiver of Confidentiality of Records
- Application for Transportation Permit
- License Fee(s)
- Copy of domicile states license
- Verification of winery's production
- Verification of good standing in domicile state
- Certificate of label approval
- Certified lab analysis
- A list of proposed wines to be sampled and/or sold
- Naturalization Papers (if applicable)

WEST VIRGINIA ALCOHOL BEVERAGE CONTROL ADMINISTRATION

ABCA –
192SEOD

APPLICATION FOR RETAIL LICENSE

UNLICENSED WINERY SPECIAL EVENT OR SPECIAL ONE DAY CONSUMPTION

“OFF PREMISES” CLASS B LICENSE

COUNTY(IES): _____ AND _____

PLEASE CHECK ALL APPROPRIATE BOXES BELOW. BE SURE TO CHECK THE BOX(ES) BESIDE EACH (ALL) OF THE LICENSES FOR WHICH YOU ARE APPLYING.

| | | |
|---|---|---|
| <input type="checkbox"/> Unlicensed Winery Special Event CONSUMPTION “OFF PREMISES” CLASS B LICENSE..... \$150.00 *License is good for up to two separate days or events. *Must Hold a Valid Transportation Permit. * Dates attending Event(s) (<i>MUST LIST DATES OF BOTH EVENTS</i>): Event #1: _____ Event #2: _____ | <input type="checkbox"/> Unlicensed Winery Special One Day Event CONSUMPTION “OFF PREMISES” CLASS B LICENSE..... \$150.00 *License is good for up to two separate days or events. *Must Hold a Valid Transportation Permit. * Dates attending Event(s) (<i>MUST LIST DATES OF BOTH EVENTS</i>): Event #1: _____ Event #2: _____ | D. APPLYING AS: (CHECK ONE) <input type="checkbox"/> Individual <input type="checkbox"/> Partnership <input type="checkbox"/> Limited Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> Association <input type="checkbox"/> Limited Liability Company |
|---|---|---|

Email (Required): _____ Fax Number: _____ TAX I.D./FEIN: _____

1) Applicant/Entity Name: _____

2) Doing Business As (DBA) Name: _____

3) Business Address: _____
(STREET)

(CITY) (STATE) (ZIP CODE) (TELEPHONE)

4) Mailing Address (required): _____
(STREET)

(CITY) (STATE) (ZIP CODE) (TELEPHONE)

5) SUPPLY THE FOLLOWING INFORMATION ABOUT OWNER(S) AND/OR OFFICER(S) AND MANAGER(S).

| | Name (please print) | Residence Address, City, State and Zip Code | % Ownership | US Citizen** |
|-------|--|---|-----------------------|--------------|
| Title | _____ Date of Birth Social Security Num. | _____ Telephone Number | _____ YRS Resident | Y/N |
| Title | _____ Date of Birth Social Security Num. | _____ Telephone Number | _____ YRS Resident | Y/N |
| Title | _____ Date of Birth Social Security Num. | _____ Telephone Number | _____ YRS Resident | Y/N |
| Title | _____ Date of Birth Social Security Num. | _____ Telephone Number | _____ YRS Resident | Y/N |

**** IF NATURALIZED U.S. CITIZEN, MUST SUBMIT COPY OF NATURALIZATION DOCUMENTS.**

ALL APPLICANTS MUST BE US CITIZENS.

TITLE REFERS TO CORPORATE OFFICERS, PRESIDENT, VICE PRESIDENT, SECRETARY TREASURER, MEMBER OR MANAGER

- 6) CRIMINAL HISTORY- THE FOLLOWING IS A RECORD OF **ALL CONVICTED ARRESTS** OF THE OWNERS, PARTNERS, OFFICERS, DIRECTORS, MEMBERS AND/OR MANAGERS. ATTACH ADDITIONAL PAGES IF NECESSARY. **IF THERE HAVE BEEN NO ARRESTS INSERT THE WORD "NONE"**

| NAME | DATE OF ARREST | CHARGE | DISPOSITION OF ARREST | LOCATION OF COURT (COUNTY & STATE) |
|------|----------------|--------|-----------------------|------------------------------------|
|------|----------------|--------|-----------------------|------------------------------------|

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- 7) HAS ANY OFFICER, MANAGER, OR 20% STOCKHOLDER EVER HELD OR CURRENTLY HOLD A WVABCA LICENSE?
Yes No IF YES, WHO: _____

DBA NAME: _____

WAS THE LICENSE: REVOKED _____ DATE _____

SUSPENDED _____ DATE _____

- 8) LICENSE NUMBER(S) OF THE SPECIAL EVENT(S) OR SPECIAL ONE DAY EVENT(S) YOUR WINERY IS REQUESTING TO ATTEND:

_____ AND _____.

- 9) PLEASE ATTACH A LETTER FROM THE SPECIAL EVENT OR SPECIAL ONE DAY EVENT APPROVING YOUR ATTENDANCE AT THE EVENT.

The undersigned agree, if a license is issued as herein applied for, to comply at all times and observe all the provisions of West Virginia Chapter 60, Articles 1 through 8 et seq., and all Federal and State Statutes and all other laws of this State and the Rules and Regulations promulgated by the WV Alcohol Beverage Control Administration. I or we certify under penalty of law and disqualification of licensure that all statements are true and complete. I or we release the State of West Virginia and any agent acting on its behalf from any and all liability due to the request for such information.

The undersigned hereby verify that we are all officers and all member of the board of directors on the application and that the statements and answers made in the foregoing application are true and the said writing is the act and deed of said Corporation, Limited Liability Company, Association, Individual, Partnership, Limited Partnership. **OFFICERS, INDIVIDUAL, OR MEMBER(S) SIGNATURES MUST BE NOTARIZED! MUST MATCH OFFICERS LISTED WITH THE SECRETARY OF STATE. MANAGERS MUST ALSO SIGN.**

PRINT CLEARLY/ WRITTEN SIGNATURES REQUIRED

NAME: _____ TITLE: _____

SIGNATURE: _____ DATE OF SIGNATURE: _____

NAME: _____ TITLE: _____

SIGNATURE: _____ DATE OF SIGNATURE: _____

NAME: _____ TITLE: _____

SIGNATURE: _____ DATE OF SIGNATURE: _____

NAME: _____ TITLE: _____

SIGNATURE: _____ DATE OF SIGNATURE: _____

NAME: _____ TITLE: _____

SIGNATURE: _____ DATE OF SIGNATURE: _____

State of _____, _____ County, To-Wit:

_____, Being first duly sworn

according to law, deposes and says that he/she is _____ of the
President, Individual or Controlling Member(s)

_____, authorized by law to do business in the State of _____, and that the
Business Entity

statements and answers made in the foregoing application are true and acknowledged the said writing to be the act and deed of said corporation.

(Applicant Signature) _____

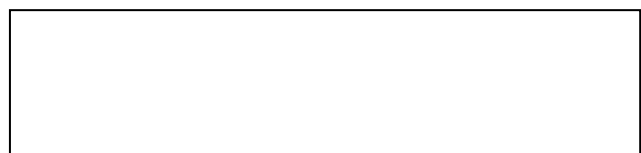
STATE OF _____,

COUNTY OF _____, to wit:

Sworn to before me and subscribed in my presence this _____ day of _____, _____.

NOTARY PUBLIC

My Commission Expires: _____



SEAL OF NOTARY

Applicant/Entity Name: _____

Doing Business As (DBA) Name: _____

WEST VIRGINIA
ALCOHOL BEVERAGE CONTROL ADMINISTRATION

RELEASE OF INFORMATION AND WAIVER OF
CONFIDENTIALITY OF RECORDS

I or we, having made application with the West Virginia Alcohol Beverage Control Administration for issuance of a license to sell alcoholic beverages within the State of West Virginia, hereby waive the benefit of any municipal, county, state, or federal statute, rule, ordinance, regulation or other law prescribing the confidentiality of any records or documents, whether formal or informal, pending or closed, maintained by any public or private agency or organization as those records or documents pertain to residency, business location, business activities, education and/or training, employment, criminal history, civil litigation, or law enforcement investigation.

I or we, hereby authorize and request every public or private agency, organization, or person maintaining such records to furnish to the West Virginia Alcohol Beverage Control Administration, or their agents or representatives, any information contained therein and to permit them to inspect and make copies of such records and documents.

I or we, hereby authorize the West Virginia Alcohol Beverage Control Administration to disclose any information pertaining to the licensure to any municipal, county, state, federal or private agency or organization that has any interest in the licensing of said applicant.

I or we, hereby release the West Virginia Alcohol Beverage Control Administration, their agents and representatives, and any agency, organization, or person furnishing information from all liability arising out of any investigation concerning the applicant. I or we further agree that a copy of this Release and Waiver shall function as an original.

I or we, hereby acknowledge that it is understood that a background check will be completed by both the West Virginia State Police and the Federal Bureau of Investigation. It is further understood that if I or we, dispute an FBI submission under Title 28, C.F.R., 16.34, I or we have the right to challenge the completeness or accuracy of the criminal history record by contacting the Federal Bureau of Investigation directly.

I or we acknowledge that by affixing a signature(s) below gives this document full force, and upon this date all aforementioned information may be received and shared as prescribed.

| Name: Must include owner's, officer's, member's and manager's printed and written signature(s). | Title | Date |
|--|--------------|-------------|
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Agreement to Remit Taxes to Municipality and State of West Virginia

I, _____, agree that for all gross sales made at the licensed Special Event or Special One Day Event that my entity _____ doing business as _____, if temporarily licensed, that I and my entity shall be, joint and severally, to remit all municipal and sales taxes to the State of West Virginia, Tax Commissioner on the appropriate form and when due and applicable.

PRINT CLEARLY/ WRITTEN SIGNATURES REQUIRED

NAME: _____ TITLE: _____

SIGNATURE: _____ DATE OF SIGNATURE: _____

NAME: _____ TITLE: _____

SIGNATURE: _____ DATE OF SIGNATURE: _____

NAME: _____ TITLE: _____

SIGNATURE: _____ DATE OF SIGNATURE: _____

NAME: _____ TITLE: _____

SIGNATURE: _____ DATE OF SIGNATURE: _____

NAME: _____ TITLE: _____

SIGNATURE: _____ DATE OF SIGNATURE: _____

State of _____, _____ County, To-Wit:

_____, Being first duly sworn

according to law, deposes and says that he/she is _____ of the
President, Individual or Controlling Member(s)

_____, authorized by law to do business in the State of _____, and that the
Business Entity

statements and answers made in the foregoing application are true and acknowledged the said writing to be the act and deed of said corporation.

(Applicant Signature) _____

STATE OF _____,

COUNTY OF _____, to wit:

Sworn to before me and subscribed in my presence this _____ day of _____, _____.

NOTARY PUBLIC

My Commission Expires: _____



SEAL OF NOTARY

